

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 1950 Office of Registrar of Vital Statistics.

Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 1 - 87

Full Name of Deceased, Martha Dumas

Sex, Male or Female, Male

Age, 57 Years,

Months, Colonel

Days.

Color, Colonel

Married, Single, Widow or Widower, Widow

Occupation, Widow

Birth Place, 33 years

Duration of Residence in the City of Baltimore, 415

Place of Death, shut

Cause of Death, Malarial Poisoning

Duration of Last Sickness, Cerebral Meningitis

All the above information should be furnished by the Physician.

Place of Burial, 12 days

Date of Burial, August 3 - 87

Undertaker, J. J. Madden

Place of Business, #46 East St.

Address, 44 E. E. St.

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No.

Office of Registrar of Vital Statistics.

Ward

9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Aug. 31 - 1887

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Jno. H. Carter

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

57

Years,

Months,

Days.

Color,

Wht.

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Saloon keeper
Md.

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Life

Place of Death,

{ Give Street and Number. }

No. 225 E. Hayette St.

Cause of Death,

{ First (Primary),
Second (Immediate), }

Apoplexy (Cerebral)

Duration of Last Sickness,

3/4 hour.

All the above information should be furnished by the Physician.

Place of Burial,

Balto Cem

Date of Burial,

Aug 3rd 1887

{ Undertaker,

C. F. Mause

Alexander Hill, M. D.

Medical Attendant.

{ Place of Business,

703 Calvert

Address, 223 N. Calvert.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 1952 Office of Registrar of Vital Statistics. Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 2nd 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Thomas, John

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 39 Years, — Months, — Days.

Color, white

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Merchant

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 18 years

Place of Death, { Give Street and Number. } 112 N. Front St

Cause of Death, { First (Primary), Second (Immediate), } Phthisis Pulmonalis
asthenia

Duration of Last Sickness, 12 mos

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, August 4th 1884

Undertaker, See Similar M. D.

Place of Business, 647 N. Pratt St Address, 3111 St. Paul St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. *A*

1853

Office of Registrar of Vital Statistics.

Ward *8*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

Date of Death, *August 12 1887*

Full Name of Deceased, *Mary Landrigan*

Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, *Male* or Female, { Cross out the word not required in this line. }

Age, *20* Years, *4* Months, *2* Weeks, *2* Days.

Color, *White*

Married, *Single*, *Widow* or *Widower*, { Cross out the words not required in this line. }

Occupation, *None*

Birth Place, { State or country, and how long in the United States, if of foreign birth. } *Balt. Av. Md*

Duration of Residence in the City of Baltimore, *18 years.*

Place of Death, { Give Street and Number. } *1021 Bonnet Place*

Cause of Death, { First (Primary), Second (Immediate), } *Symptoms & Heat. Apoplexy 6 days.*

Duration of Last Sickness, *6 days.*

All the above information should be furnished by the Physician.

Place of Burial, *Holy Cross Cemetery*

Date of Burial, *Aug. 3rd 1887*

Undertaker, *J. W. Mears*

Place of Business, *413 E. Fayette St* Address, *208 Any with St*

Edward J. M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department City of Baltimore.

Permit No. A 1954 Office of Registrar of Vital Statistics. Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT THIS CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 1, 1887

Full Name of Deceased, Margaret Atwell

Sex, Male or Female, {Cross out the word not required in this line. }

Age, 37 Years, _____ Months, _____ Days.

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line. }

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 35 yrs

Place of Death, {Give Street and Number. } 550 E. Lombard St

Cause of Death, {First (Primary), Consumption
Second (Immediate), exhaustion

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Aug 3

Undertaker, J B Cook

Place of Business, 1003 W Baltimore Address, Balt Genl Disp

Ch. Warfield M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

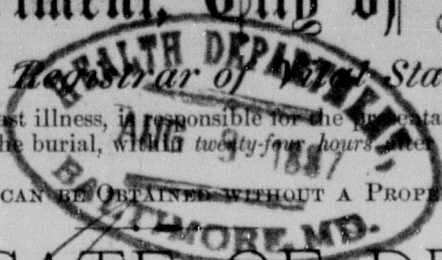
HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1955 Office of Registrar of Vital Statistics. Ward 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, Aug 2, 1887

Full Name of Deceased, May Himmler
Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, Male or Female, Female
{ Cross out the word not required in this line. }

Age, 1 Years, 8 Months, Days.

Color, White

Married, Single, Widow or Widower, Single
{ Cross out the words not required in this line. }

Occupation,

Birth Place, Balto Co Md
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Life time

Place of Death, 1009 N. E. St
{ Give Street and Number. }

Cause of Death, Cholera Infantum
{ First (Primary), Second (Immediate), }

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, July 3rd

Undertaker, W. D. Dippel M. D.,
Medical Attendant.

Place of Business, 330 S. Bond Address, 1113 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department City of Baltimore.

Permit No. A 1956 Office of Registrar of Vital Statistics. Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 2^d 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wilbert Johnson

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Black Years, 11 Months, 11 Days

Color, Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, None

Birth Place, { State or country, and how long in the United States, if of foreign birth. } 1828 Etting St. Baltimore Md

Duration of Residence in the City of Baltimore, 11 days

Place of Death, { Give Street and Number. } 1828 Etting St.

Cause of Death, { First (Primary), Second (Immediate), } Inanition. 4 days

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St.

Date of Burial, Aug 3^d 1887

Undertaker, Wm Hensley Chas C. Shannon M. D. Medical Attendant.

Place of Business, 56 Orchard St Address, 1434 Penna Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City and County of Baltimore,

Permit No.

1957

Office of Registrar of Vital Statistics.

Ward

8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Aug 2nd 1887

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Patience Nash

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line. }

Age,

88

Years,

Months,

Days,

Color,

Colored

~~Married~~, Single, Widow or

~~Widower~~,

{ Cross out the word not required in this line. }

Occupation,

Birthplace,

{ State or country, and how long in the United States, if of foreign birth. }

Dorchester Co. Md

Duration of Residence in the City of Baltimore,

40 years

Place of Death,

{ Give street and number. }

1105 Little Tyson St.

Cause of death,

{ First, (Primary,) }

{ Second, (Immediate,) }

Dysentery

Duration of Last Sickness,

2 weeks

All the above information should be furnished by the Physician.

Place of Burial,

Sharp St

Date of Burial,

Aug 3rd 1887

ShoBroke Bn Bk

M. D.

Undertaker,

Wm Hensley

Medical Attendant.

Place of Business,

5611 Orchard St

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 1958 Office of Registrar of Vital Statistics. Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 11-2-1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James Hunt Henson

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, — Years, 4 Months, 13 Days

Color, Black

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, X X X X

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balt. City

Duration of Residence in the City of Baltimore, 4 mo & 13 days

Place of Death, { Give Street and Number. } 139.5 Dallas

Cause of Death, { First (Primary), Marasmus Second (Immediate), Asphyxia }

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Cemetery

Date of Burial, August 3, 1887

{ Undertaker, John E. Grace } Wm. H. Morris M. D. Medical Attendant.

{ Place of Business, 313. S. Caroline St } Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1959 Office of Registrar of Vital Statistics. Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 31st 1887

Full Name of Deceased, Wm Gape { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, Male { Cross out the word not required in this line. }

Age, 5 Years, 6 Months, 7 Days.

Color, White

Married, Single, Widow or Widower, Single { Cross out the words not required in this line. }

Occupation, Baltimore

Birth Place, Baltimore { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, Ranstead whf - Spring Gardens { Give Street and Number. }

Cause of Death, Drowning
Asphyxia { First (Primary), Second (Immediate), }

Duration of Last Sickness, _____

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Aug 3

{ Undertaker, B. Harle } F. J. Flannery M. D. Medical Attendant.

{ Place of Business, 115 West 4th } Address, 701 Dr. Hill Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]